Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		N046042	B. WING		10/01/201	14
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BICKFORD AT MISSION SPRINGS I 5300 W 615 MISSION, M						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COM	(X5) MPLETE DATE
S 000	00 INITIAL COMMENTS		S 000			
		s represent the findings of a at the above named assisted 14 and 10-1-14.				
S3420 SS=F	28-39-256 MECHANI	CAL REQUIREMENTS	S3420			
	(c) Mechanical require	rements.				
	(1) Heating, air condisposems.	itioning, and ventilating				
		shall be designed to d indoor temperature range 5oF or 26oC.				
(B) Each apartment or individual lives shall allow the resident to control the temperature.						
	(2) Plumbing and piping systems.					
		evention devices or vacuum alled on fixtures to which be attached.				
	arranged to provide h times. The temperatu	ution systems shall be ot water at outlets at all ure of hot water shall range 20oF at bathing facilities, in resident use areas.				
	(3) Electrical requiren	nents.				
	machinery and equip	ccupied by persons or ment within the buildings, gs, and parking lots shall g.				
	(B) Minimum ligh	nting intensity levels shall be				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Kansas Department on Aging

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		N046042	B. WING		10/01/2014		
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
BICKFOR	D AT MISSION SPRINGS	1	1ST PLACE , KS 66205				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLE		
S3420	Continued From page	1	S3420				
	as required in Table 1						
	(C) Each corrido lighted at all times.	r and stairway shall remain					
		resident use areas shall be s, globes, grids, or glass					
	This REQUIREMENT by: KAR 26-39-256(c)(2)(is not met as evidenced					
	The sample included observation, record re residents, the operator temperature of hot was degrees F (Fahrenhei	census of 22 residents. 3 residents. Based on eview and interview for all or failed to ensure the exter shall range between 98 t) and 120 degrees F at and lavatories in resident					
	Findings included:						
	and 1:15 pm during e						
	First Floor Spa bathro Second floor Bistro ar	oom sink: 130.8 degrees F oom sink: 127.0 degrees F ea sink: 129.0 degrees F estroom sink: 128.1 degrees					
	director confirmed ten	at 1:00 pm, the maintenance nperature of hot water taken and confirmed surveyor					

Kansas Department on Aging

Nansas L	repartment on Aging					
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE S	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	A. BUILDING:		COMPLETED	
			D 14//10			
		N046042	B. WING		10/0	01/2014
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DDRESS, CITY, STA	ATE ZIP CODE		
			1ST PLACE	,		
BICKFOR	D AT MISSION SPRINGS	i I				
		MISSION	, KS 66205			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE		(X5)
PREFIX	,	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API		COMPLETE DATE
TAG	REGULATORT OR	LSC IDENTIFTING INFORMATION)	TAG	DEFICIENCY)	ROPRIATE	D/112
			+			
S3420	Continued From page	e 2	S3420			
	41					
		red the same as facility				
		he/she measures and				
		nperatures between the 1st				
		nth, and the mixing valve				
		s Fahrenheit. Further stated				
		wn the mixing valve and call				
		to drop the temperature.				
		perature Checks" logs from				
	January 2014 to the	present.				
	Review of Water Tem	nperature Checks revealed				
	the following tempera	ature ranges:				
	January 2014: 119 to	o 128 degrees F				
	February 2014: 122	to 130 degrees F				
	March 2014: 122 to	130 degrees F				
	April 2014: 122 to 12	27 degrees F				
	May 2014: 125 to 13					
	June 2014: 124 to 13	31 degrees F				
	July 2014: 124 to 13	•				
	August 2014: 120 to	•				
	September 2014: 119					
		checked in a variety of				
		and random resident rooms.				
	On 9-30-14 at 12:10	pm administrative nurse A				
		oster that identified 15 of 22				
	residents with impaire					
	Sampled residents' re	ooms revealed water				
		en 127.4 and 128.4 on				
		215 with impaired cognition				
		d physical assistance with				
	transfers and mobility	• •				
	independently.	y. Does not tollet				
	писреписниу.					
	Dochock of hot water	r tomporatures on 10 1 14 of				
		r temperatures on 10-1-14 at				
	10:30 am revealed th					
		room sink: 130.1 degrees F				
		rea sink: 128.3 degrees F				
	Second floor public re	estroom sink: 127.4 degrees				

Kansas Department on Aging

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		N046042	B. WING		10	0/01/2014	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STAT	E, ZIP CODE			
BICKFOR	D AT MISSION SPRINGS		61ST PLACE N, KS 66205				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
S3420	Interview on 10-1-14 with administrative nunurse B stated mainted to reduce the tempera is coming this mornin impaired residents ide of them would be phy bathroom but usually assist each cognitivel lock public restrooms degrees F or below. The monitoring of tempera below. Written plan to linterview on 10-1-14 stated they making accordered parts for the internal parts prevent temperature correctly and until then will monthem below 120 degrees.	at 11:00 am and 11:20 am are A and administrative enance director was unable ature yesterday and plumber g. Of the 15 cognitively entified on the roster, 8 or 9 sically able to go to the don't do this. Will have staff y impaired resident and will until the temperature is 120 Will put a plan in place for atures until 120 degrees F or to be provided. at 11:35 am with plumber djustments now and have mixing valves, corrosion on s it from reading the . Will be replaced tomorrow nitor temperatures and get ees F today.	S3420				